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## BIB DATA SHEET

CONFIRMATION NO. 4219

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/812,785	03/30/2004	600	2624	86560	
<b>RULE</b>					
<b>APPLICANTS</b> Nathan D. Cahill, West Henrietta, NY; Marvin M. Goodgame, Ontario, NY; Shoupu Chen, Rochester, NY; Lawrence A. Ray, Rochester, NY;					
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/08/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/SEYED H AZARIAN/</u> Examiner's signature	<input type="checkbox"/> Met after Allowance S.A. <u>Initials</u>	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Carestream Health, Inc. 150 Verona Street Rochester, NY 14608 UNITED STATES					
<b>TITLE</b> System and method for classifying in vivo images according to anatomical structure					
<b>FILING FEE RECEIVED</b> 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	